

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary J. Armour* Town *Torrey Tank* County *Wicomico* MARYLAND

Died at *Torrey Tank*

Date of death *1910* Month *April* Day *16* Age *32* Years Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Residing if not at place of death *At Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles G. Armour*

Father's Name *Thomas Barney* Father's Birthplace *Ireland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Charles G. Armour* How related to deceased *Husband*

CAUSES OF DEATH

119 ✓

PHYSICIAN
OR CORONER

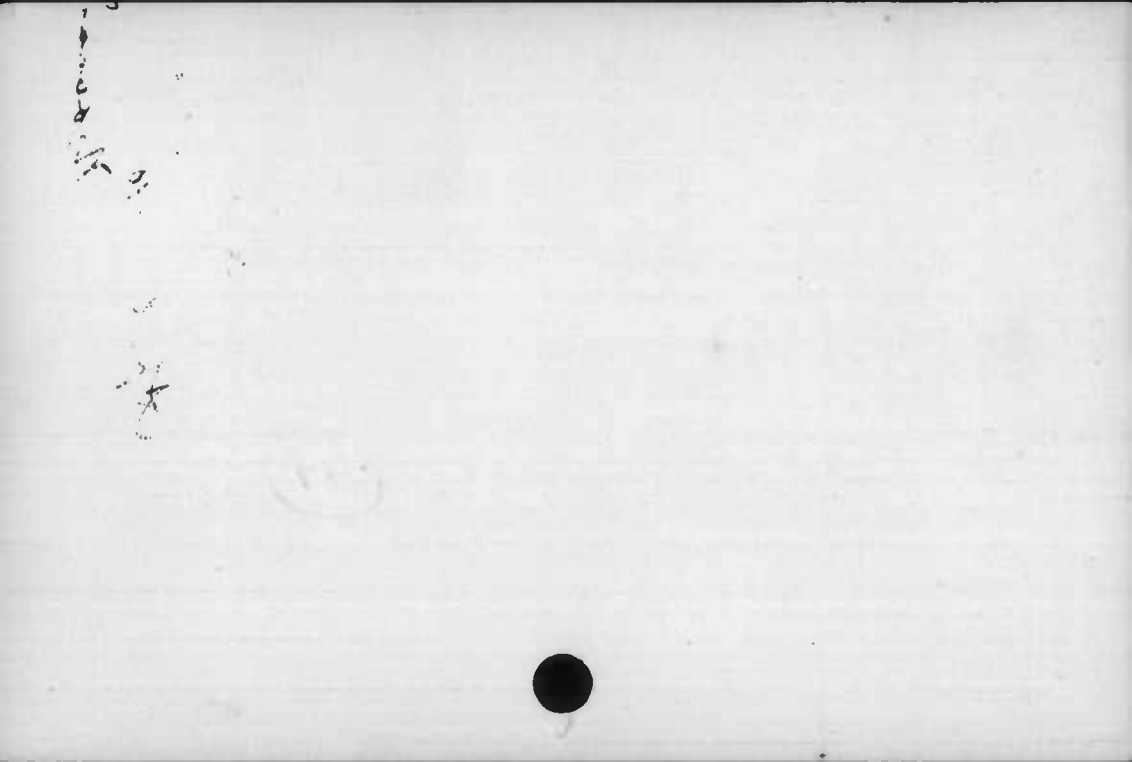
Primary *Acute nephritis* How long *1 week*

Immediate *Pulmonary edema* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. McQuinn*

Address *Salisbury Md*

Accident or Suicide? *No*



Name
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CERTIFICATE OF DEATH

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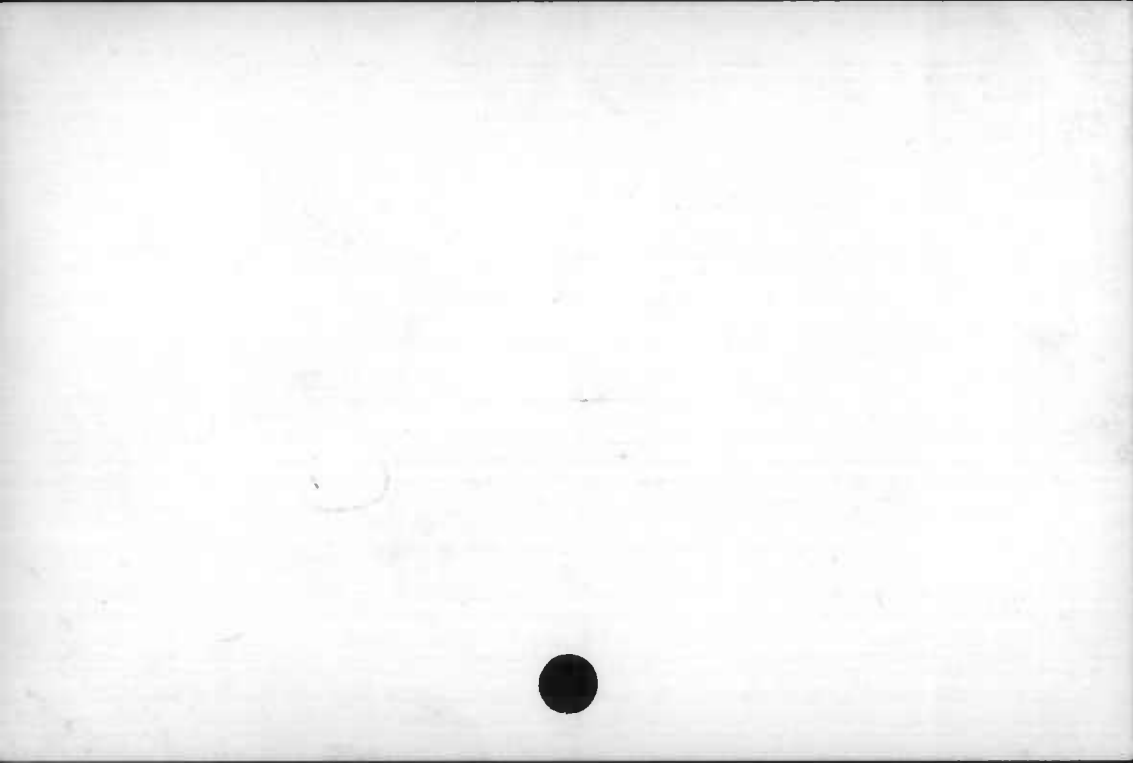
Died at <u>Allen Wharf</u>		Town <u>Wic</u>		County		MARYLAND	
Date of death	19 <u>00</u>	Month	<u>Apr</u>	Day	<u>1</u>	Years	<u>14</u>
Sax	<u>Female</u>		Color or Race	<u>White</u>		Birth-pla	<u>Wic County</u>
Occupation	<u>None</u>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Joe G. Caussey</u>				Father's Birthplace	
Mother's Maiden Name		<u>Annice B. Roberts</u>				Mother's Birthplace	
Name of person giving Information		<u>Joe A. Caussey</u>				How related to deceased	
						<u>Brother</u>	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>All her life</u>
Immediate	<u>Seid see her</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
Address		<u>Fruitland</u>	
Accident or Suicide		<u>Ind.</u>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Callier*

Died at *Salisbury* Town *Wicomico* County **MARYLAND**

Date of death *1900 April 9* Month *April* Day *9* Age *11* Months *1* Days

Sex *male* Color or Race *Black* Birth-place *md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Callier* Father's Birthplace *md*

Mother's Maiden Name *Annie Morris* Mother's Birthplace *md*

Name of person giving information *John Callier* How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping Cough* How long *4 weeks*

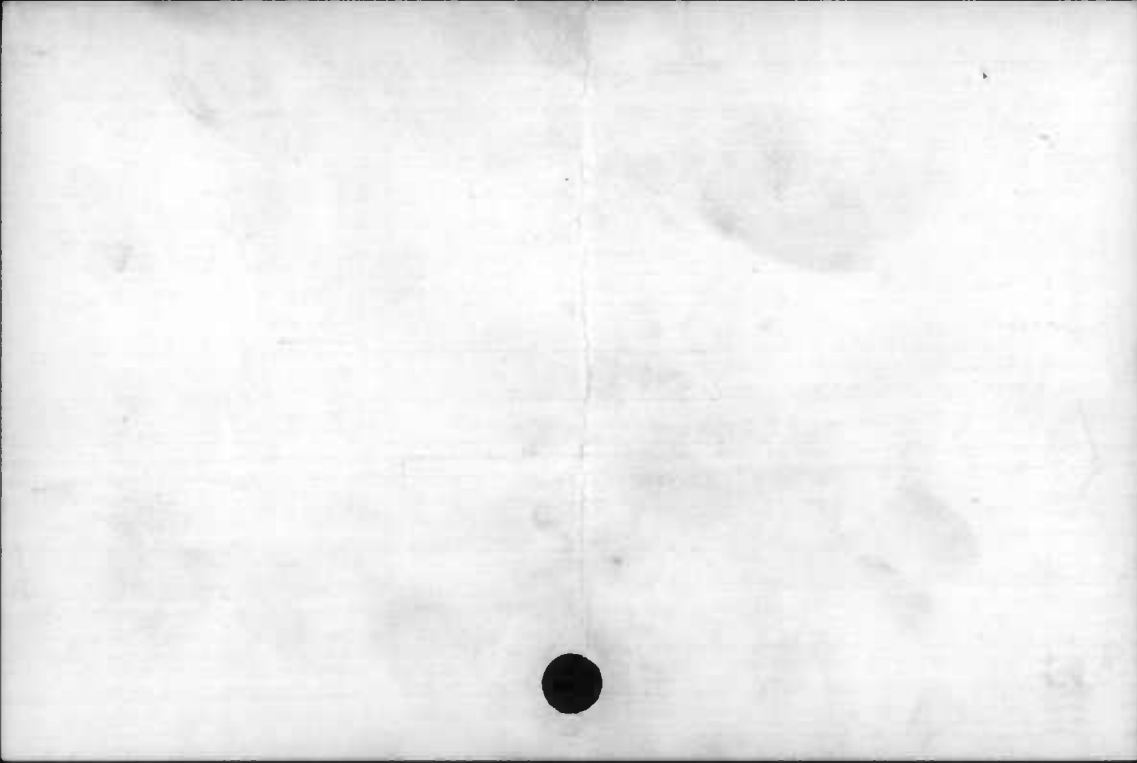
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Mary Donaway

CERTIFICATE OF DEATH

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 19 <u>40</u> Month <u>April</u> Day <u>11</u>		Age <u>22</u> Years		Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>Housework</u>		Where Residing if not at place of death <u> </u>			
Married, Single <u>Single</u> or Widowed		Name of Wife or Husband <u>William V Donaway</u>			
Father's Name <u>Bernell C Shockley</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Rosa Hancock</u>		Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>William V Donaway</u>		How related to deceased <u>husband</u>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Detached Placenta & Uterine Infection</u>	How long <u>13 1/2</u> <u>days or less</u>
Immediate <u>Hemorrhage</u>	How long <u> </u>

Are the name, age, sex, color, date and place correctly given above?

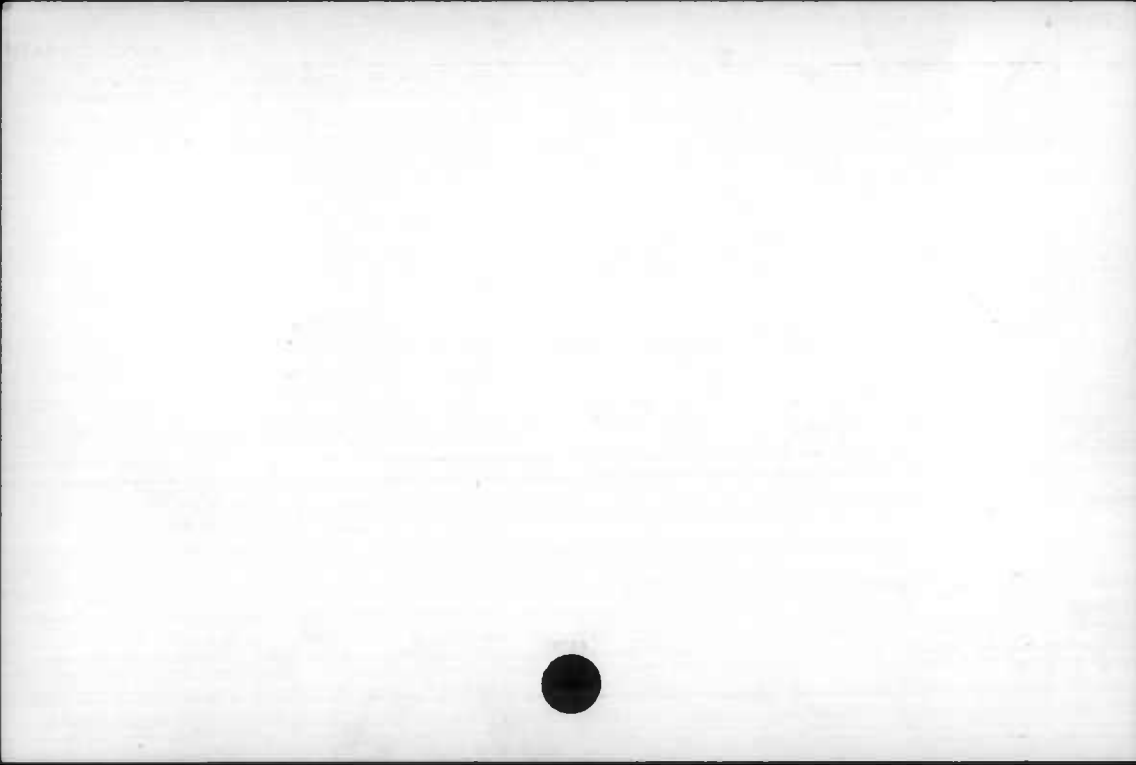
yes

Signature of Physician

Address

W. B. Potter
Salisbury
Md.

Accident or Suicide PHYSICIAN
OR CORONER



Name
in
Full

Infant no name; Donaway;

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND
Date of death 1900 Month April Day 11 Age 0 Years 0 Months 0 Days 0
Sex male Color or Race white Birth-place Salisbury Md
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name William V Donaway Father's Birthplace Md
Mother's Maiden Name Mary Shockley Mother's Birthplace Md
Name of person giving Information William V Donaway How related to deceased Father

CAUSES OF DEATH

Primary _____ How long _____
Immediate Dead or last 6 weeks before birth How long _____

Are the name, age, sex, color, date and place correctly given above? yes

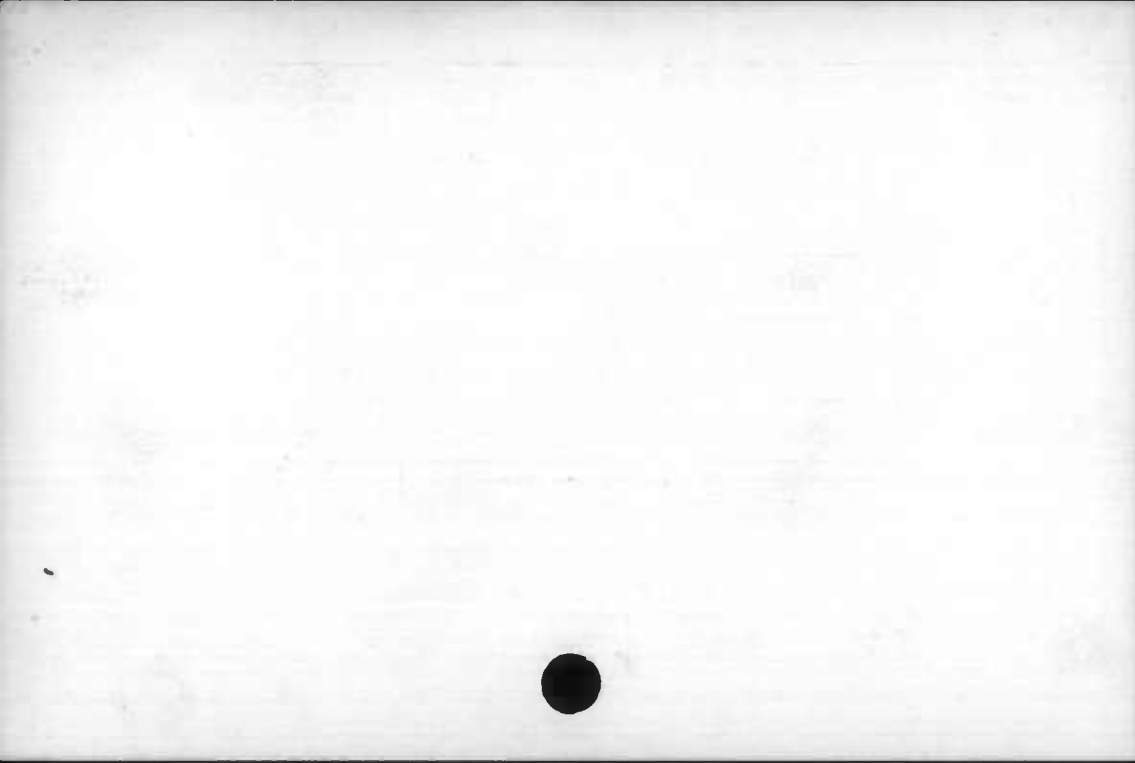
Signature of Physician

Address

E. B. Potter
Salisbury Md.

Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

Esther V. Dorman

CERTIFICATE OF DEATH

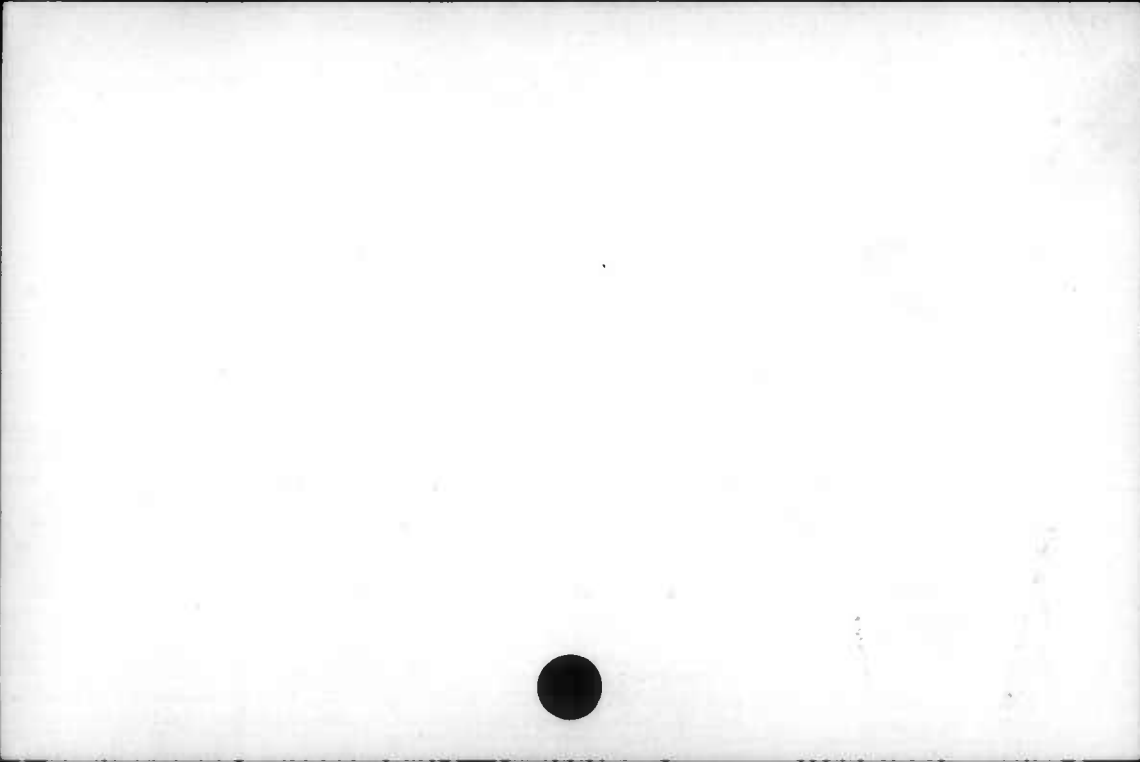
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Salisbury		Wicomico					
Date of death		Month	Day	Age	Months	Days	
1900		4	18		3		
Sex		Color or Race		Birth-place			
girl		A A		Wicomico			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name		Father's Birthplace					
Robert Dorman		Wicomico					
Mother's Maiden Name		Mother's Birthplace					
James A. Nichol							
Name of person giving Information		How related to deceased					
		Mother					

CAUSES OF DEATH

Primary	How long
Cerebro-spinal meningitis	—
Immediate	How long
11	—
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician
yes	J. W. Roberts
	Address
	328 Church St.
	Salisbury Md.
Accident or Suicide	
—	

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George J. Harlow</i>		Town <i>Parsonsburg</i>		County <i>Wicomico</i>		MARYLAND							
Date of death <i>1910</i>		Month <i>April</i>		Day <i>20th</i>		Age <i>45</i>		Years <i>0</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Wicomico Co. Md.</i>									
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At Home</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jennie May Harlow</i>											
Father's Name <i>Benjamin Harlow</i>		Father's Birthplace <i>Wicomico Co. Md.</i>											
Mother's Maiden Name <i>White</i>		Mother's Birthplace <i>" " "</i>											
Name of person giving information <i>E. George White</i>		How related to deceased <i>Father in law</i>											

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease Kidney</i>	How long <i>6 months</i>
Immediate	<i>Heart Failure</i>	How long <i>8 or 10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Geo. H. Truitt</i>
<i>Wicomico Co.</i>		Address <i>Parsonsburg Maryland</i>
Accident or Suicide?		



Name

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Evelena A. Fitchett

CERTIFICATE OF DEATH

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NEAREST FRIEND

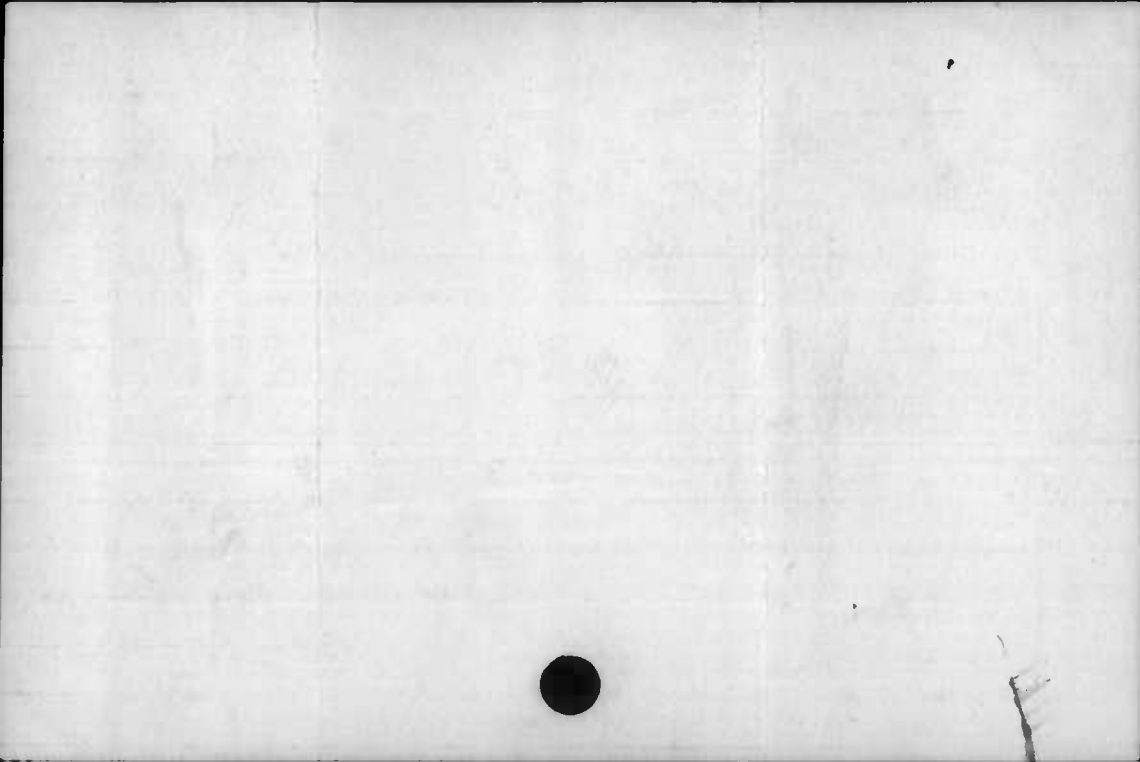
Died at <i>Hebron</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>4</i>	Day <i>10</i>	Age <i>48</i>	Years <i>6</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Eng</i>		
Occupation <i>house keeping</i>			Where Residing if not at place of death <i>Hebron</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Wm J. Fitchett</i>				
Father's Name <i>Eliza Ryan</i>			Father's Birthplace <i>Worcester Eng</i>		
Mother's Maiden Name <i>Evelena A. Ryan</i>			Mother's Birthplace <i>do.</i>		
Name of person giving information <i>Mamie H. Hughes</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 years</i>
Immediate	<i>yes</i>	Signature of Physician	<i>H. C. Conway</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Address	<i>Hebron Md</i>
Accident or Suicide?			



Name
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Full

R. Wesley Hearn

CERTIFICATE OF DEATH

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NEAREST FRIEND

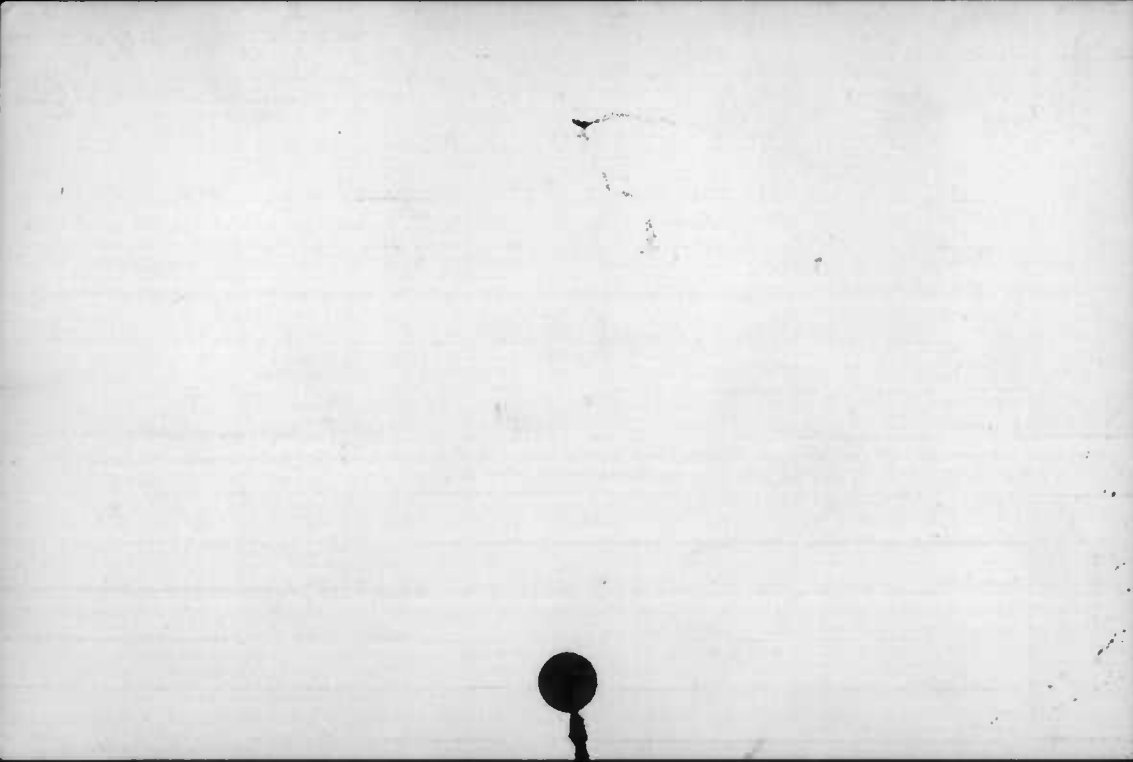
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	Month <i>April</i>	Day <i>15th</i>	Age <i>70</i> Years	Months <i>3</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Wicomico Co., Md.</i>		
Occupation <i>Agent</i>	Where Residing if not at place of death <i>At home in Salisbury</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hester A. Hearn</i>				
Father's Name <i>Peter Hearn</i>	Father's Birthplace <i>Wicomico Co., Md.</i>				
Mother's Maiden Name <i>Elizabeth Mills</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Greenleaf G. Hearn</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

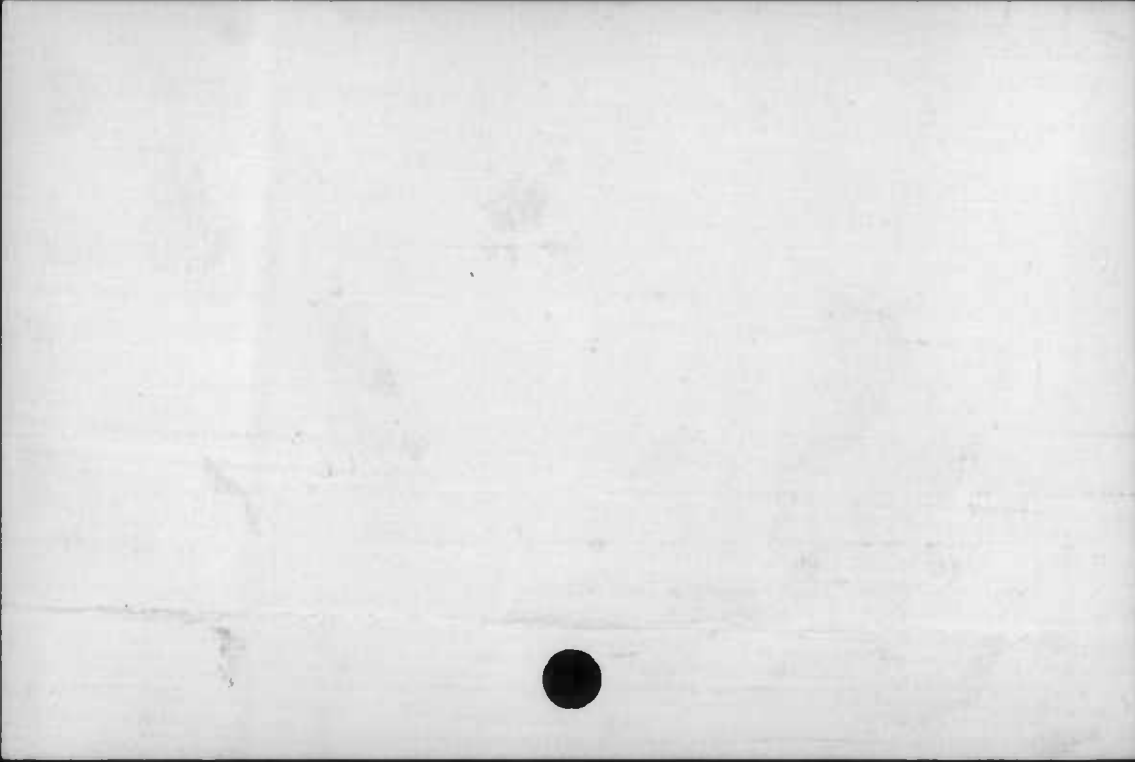
120

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis, chronic, hypertensive</i>	How long <i>Don't know</i>
Immediate <i>Uraemia</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Hearn, M.D.</i>
<i>Q</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide?	



Name in Full		John W. Mitchell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sharpsburg		County Washington		MARYLAND	
	Date of death	19	Month April	Day 6	Age	Years	Months 19
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Joseph Mitchell				Father's Birthplace	Delaware
	Mother's Maiden Name	Annie Walker				Mother's Birthplace	Maryland
Name of person giving information	Joseph Mitchell				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(6)</div>							
PHYSICIAN OR CORONER	Primary	Measles				How long	1 week
	Immediate	Pneumonia				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Sharpsburg Md.		
Accident or Suicide? <input type="checkbox"/>							

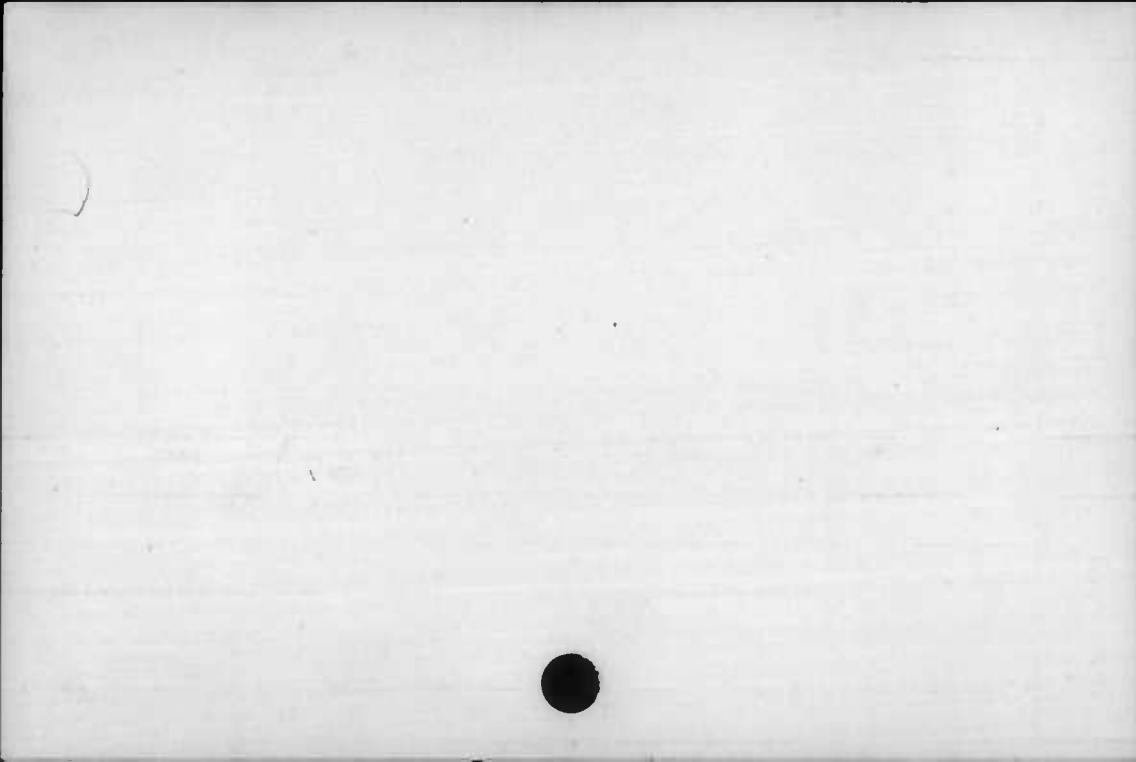


Name in Full		CERTIFICATE OF DEATH			
Joseph F. Morris		Town Salisbury		County Wicomico	
Died at		Date of death		Maryland	
1910		April 13 th		Age 51	
Sex Male		Color or Race White American		Birth-place Sussex Co. Del.	
Occupation		Where Residing if not at place of death		In Salisbury Md.	
Married, Single or Widowed		Name of Wife or Husband		Julia D. Morris	
Father's Name		Father's Birthplace		Sussex Co. Del.	
Mother's Maiden Name		Mother's Birthplace		" " "	
Name of person giving information		How related to deceased		Son	
William C. Morris					
CAUSES OF DEATH					
Primary		How long			
Immediate		How long			
Central apoplexy		3 or 4 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Address			
Accident or Suicide?		Salisbury Md.			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

64



Name
in
Full

CERTIFICATE OF DEATH

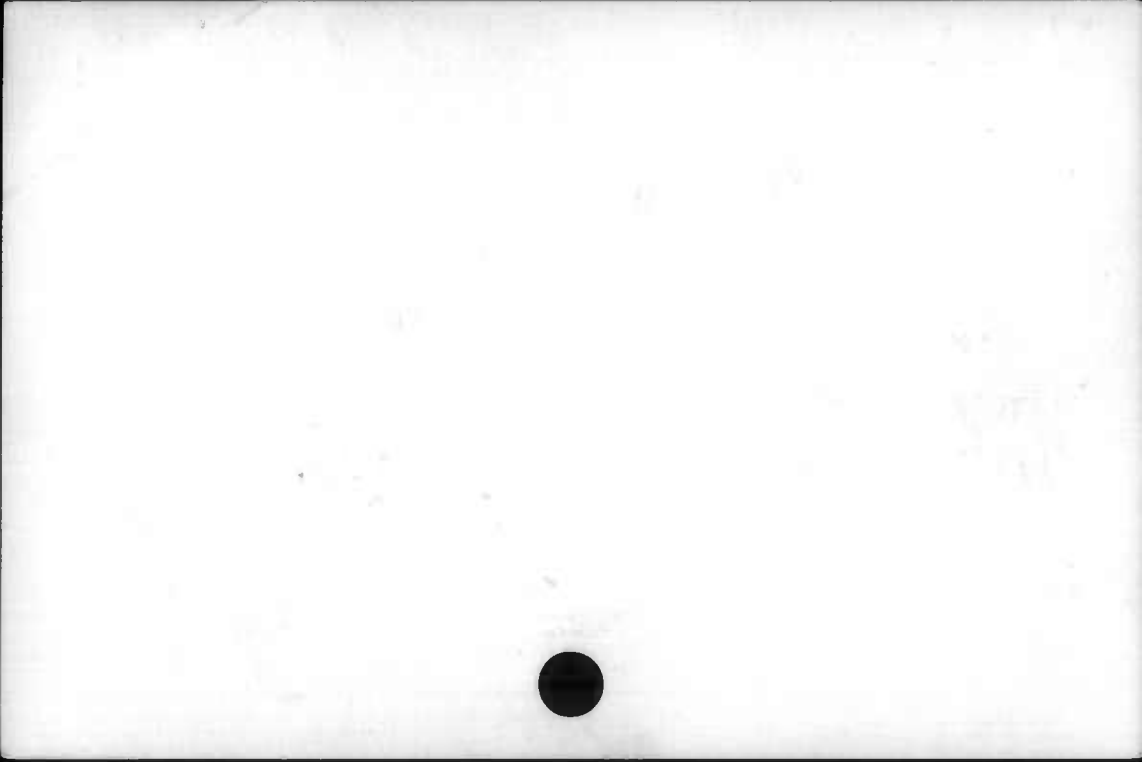
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 19 <i>40</i>	Month <i>Apr</i>	Day <i>8</i>	Age <i>52</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married Single or Widowed		Name of Wife or Husband			
Father's Name <i>Morris W Pallitt</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Hester E Cannon</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Louis J Pallitt</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by train</i>	How long <i>Immediate</i>
Immediate <i>Fractured skull, arm, ribs;</i>	How long <i>Shock from in-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as I know</i>	Signature of Physician <i>W. J. Hendrix</i>
Address <i>Salisbury, Md</i>	
Accident or Suicidal <i>Accidental</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cyrus Rayne

Died at Salisbury

Town

Wicomico

County

MARYLAND

Date of death 1900 April

Month

Day

Age

Years

52

Months

Days

Sex male

Color or Race

Black

Birth-place

Id

Occupation Laborer

Where Residing if not at place of death

Married, Single

Name of Wife or Husband

Father's Name William Massey

Father's Birthplace

Id

Mother's Maiden Name Caroline Rayne

Mother's Birthplace

Id

Name of person giving Information Elijah Otto

How related to deceased

niece

CAUSES OF DEATH

28

Primary Tuberculosis

How long

Immediate Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. B. Burris M.D.

Address

116 Main St

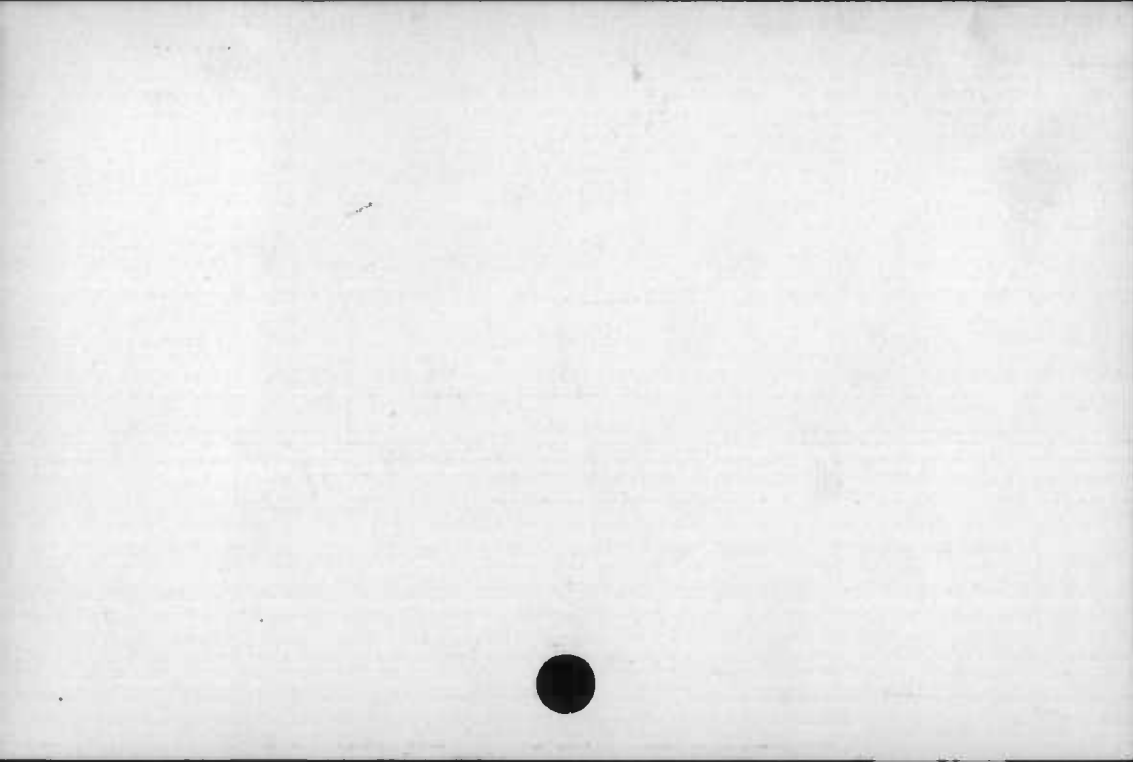
Accident or Suicide

Salisbury Md

PHYSICIAN
OR CORONER



Name in Full		Annie B. Showell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	19	Month April	Day 4 th	Age 65	Months	Days
	Sex	Female		Color or Race	White		Birth place
	Occupation	None		Where Residing if not at place of death		At Salisbury	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Lemuel Showell	
	Father's Name	Lurtis W. Jacobs				Father's Birthplace	Spasig Co. Del.
	Mother's Maiden Name	Mary Ann Holland				Mother's Birthplace	Worcester Co. Md.
Name of person giving information	E. B. Jacobs				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Bronchitis, Gangrene lungs				How long	Don't know
	Immediate	Oedema of lungs, Apnoea				How long	Few hours
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Louis W. Dorn's M.D.
	Accident or Suicide?					Address	Delmar, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

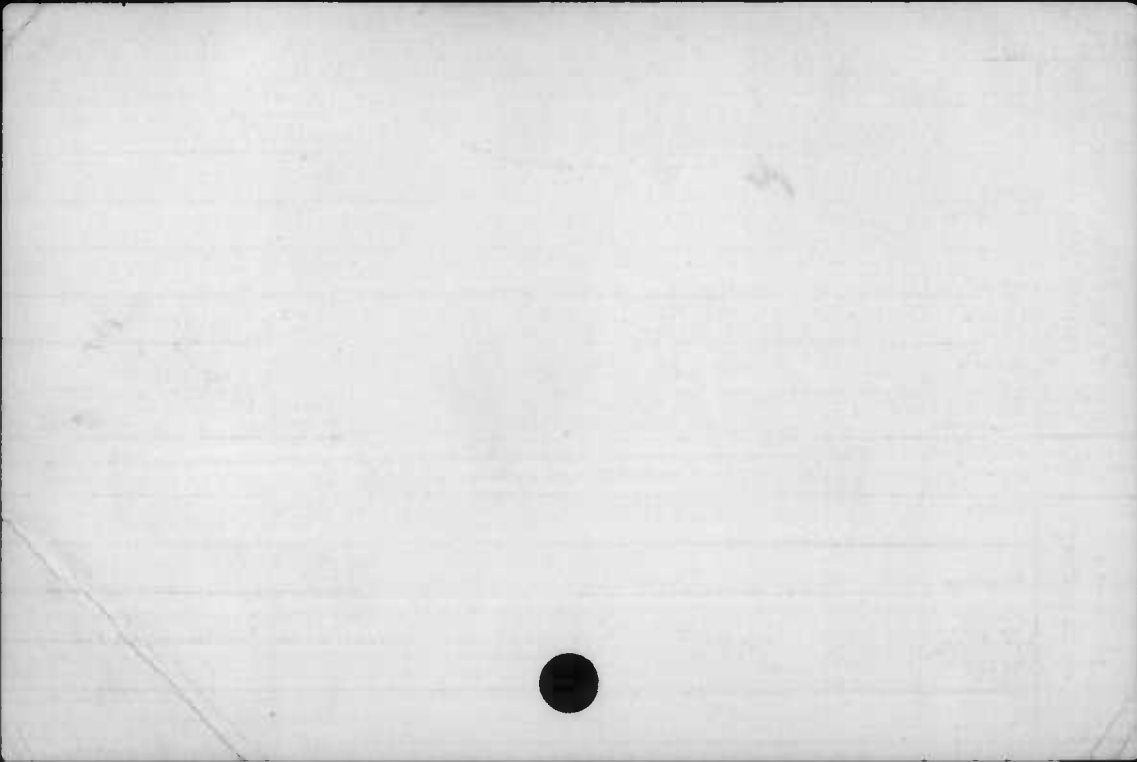
Name in Full <i>Margaret A. Simms</i>		Town <i>Allen</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Allen</i>		Month <i>April</i>		Day <i>21</i>		Years <i>62</i>	
Date of death <i>1910 April 21</i>		Months <i>9</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>At Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elisha Simms</i>					
Father's Name <i>Wm. F. Mayland</i>		Father's Birthplace <i>Wicomico Co.</i>					
Mother's Maiden Name <i>Margaret J. Mayland</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs. E. H. Nichols</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. I. Long</i>	
		Address <i>Frederick</i>	
<i>Accident or Suicide?</i>		<i>Med.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Name in Full John A Strauderman		Town Salisbury		County Wicomico		State MARYLAND	
Died at Salisbury		Month April		Day 19		Age 64	
Date of death 1920		Months		Years		Days	
Sex male		Color or Race white		Birth-place West Virginia			
Occupation Merchant		Where Residing if not at place of death —					
Married, Single or Widowed Widowed		Name of Wife or Husband Emma Strauderman					
Father's Name Benjamin Strauderman		Father's Birthplace West Va					
Mother's Maiden Name Do not know		Mother's Birthplace —					
Name of person giving Information Emma Strauderman		How related to deceased wife					

CAUSES OF DEATH

Primary	Progressive Paralysis	How long	3 months.
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

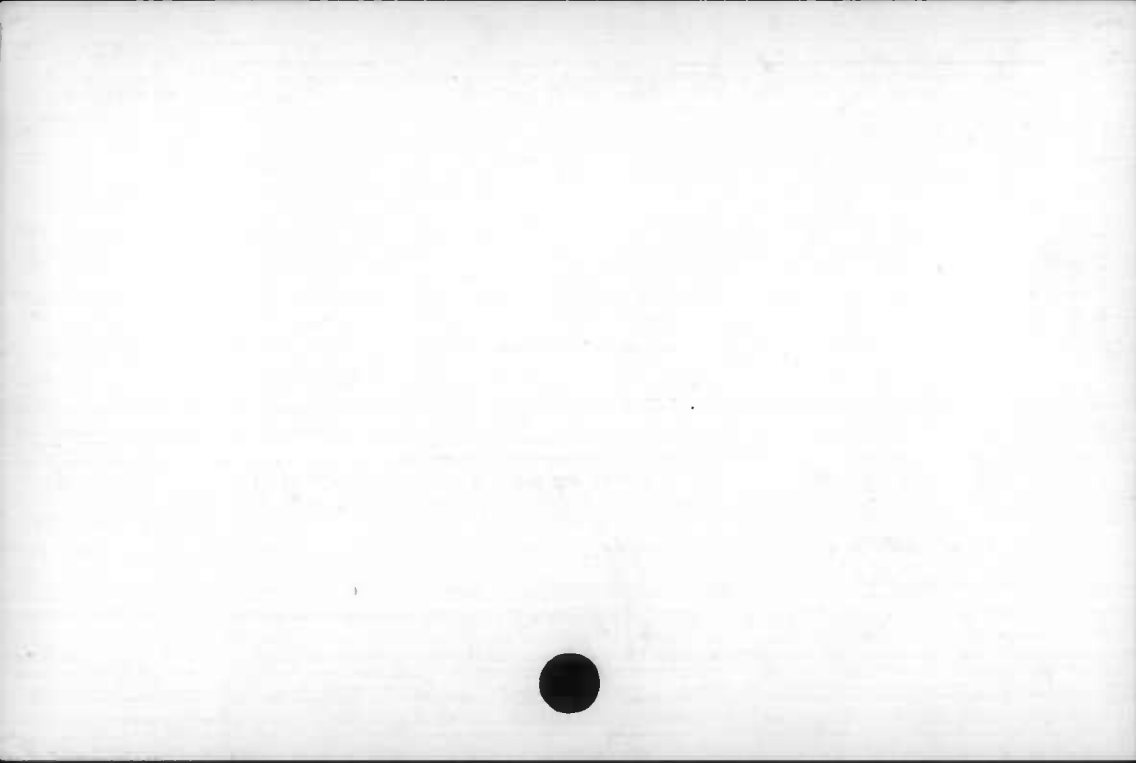
Signature of Physician

Address

B B Potter
Salisbury Md

Accident or Suicide

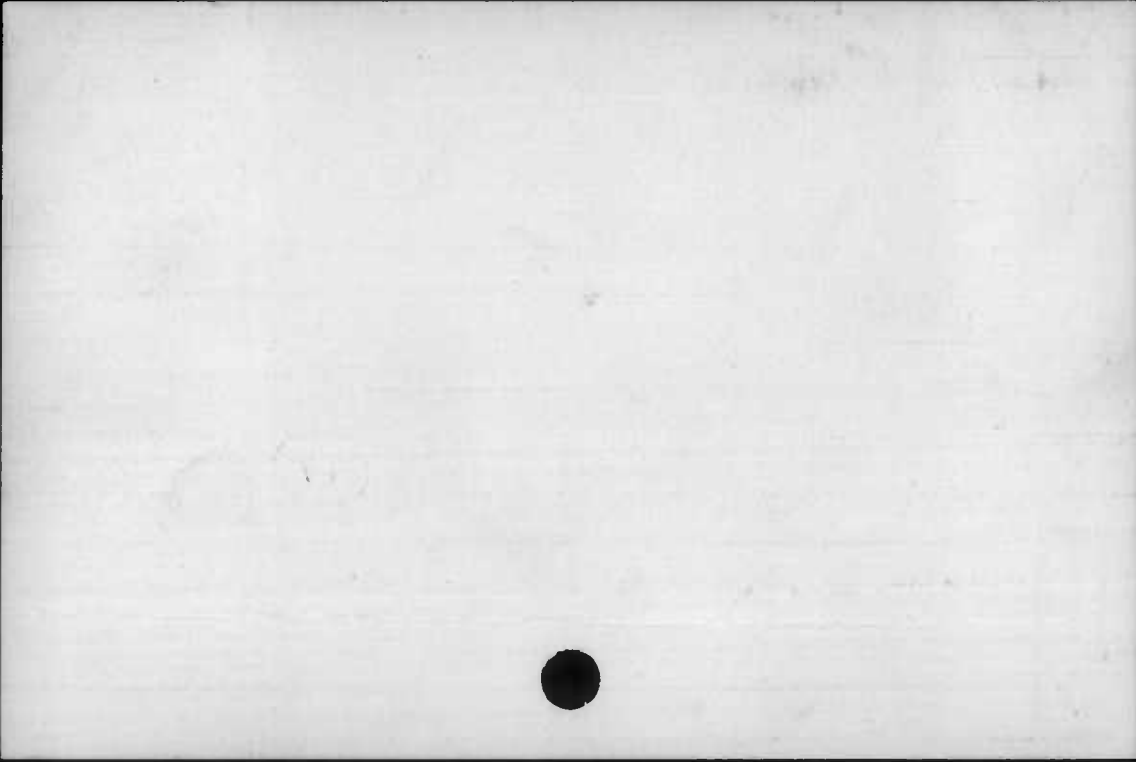
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full Geo E Taylor		County Wicomico				CERTIFICATE OF DEATH	
Died at Shaplaun		Town		County		MARYLAND	
Date of death 1910		Month April	Day 6	Age 6	Years	Months 6	Days
Sex Male		Color or Race White		Birth-place Riverbend			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Edward Taylor				Father's Birthplace MD			
Mother's Maiden Name Florence Elsworth				Mother's Birthplace MD			
Name of person giving information Edward Taylor				How related to deceased Father			
<div>CAUSES OF DEATH</div> <div> <div>61</div> <div>V</div> </div>							
Primary		Meningitis How long week					
Immediate		Conusation How long day					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Wm H Garrison			
				Address Shaplaun			
Accident or Suicide?		No					

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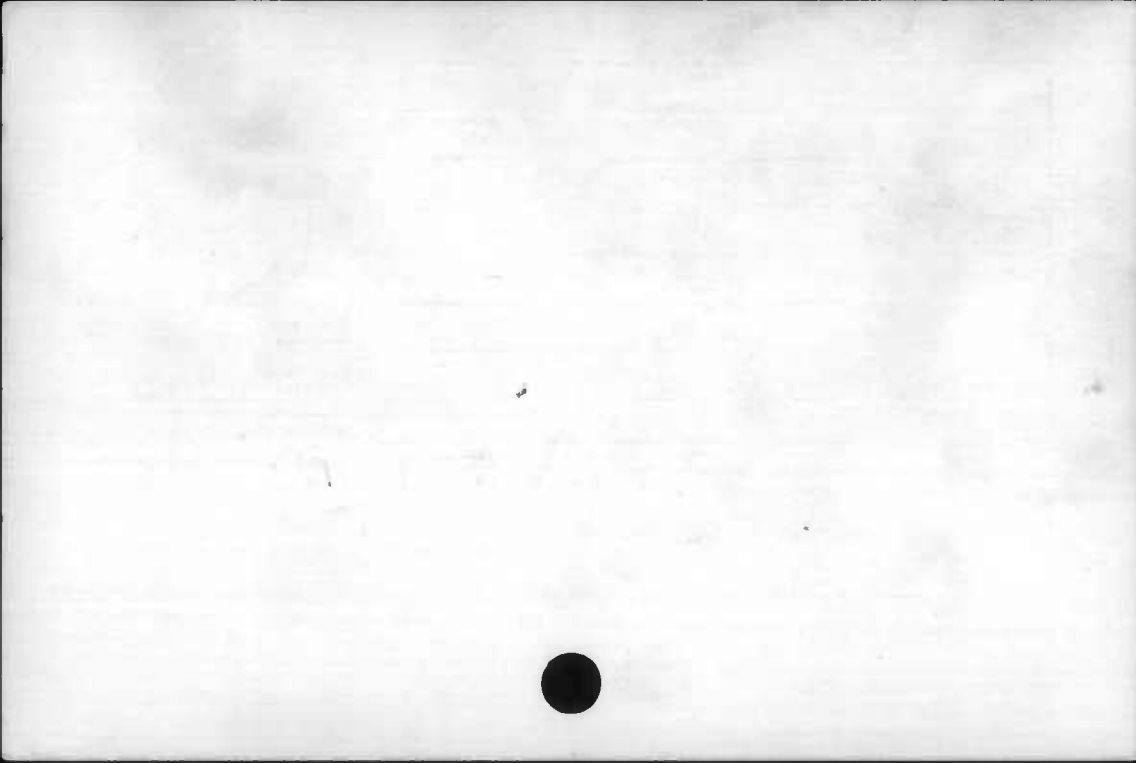
Died at <u>near Salisbury</u>		Town <u>Salisbury</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1900</u>		Month <u>April</u>	Day <u>23</u>	Age <u>4</u>	Years <u>4</u>	Months <u>2</u>	Days
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Ala</u>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <u>John Wesley Trader</u>				Father's Birthplace <u>Ala</u>			
Mother's Maiden Name <u>Lizzie Hammond</u>				Mother's Birthplace <u>Ala</u>			
Name of person giving Information <u>John Wesley Trader</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <u>Acute Appendicitis</u>		How long <u>2 weeks or more</u>
Immediate <u>Declined operation, went on more ago</u>		How long <u>not known</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>William H. H. H.</u>
Address <u>Salisbury, Md.</u>		
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Salisbury Town Wilcomica County MARYLANDDate of death 1940 Month 4 Day 4 Age 46 Years Months DaysSex male Color or Race a. a. Birth-place Monter
Occupation Barber Where Residing if not at place of death SalisburyMarried, Single or Widowed Single Name of Wife or HusbandFather's Name Isaac West Father's Birthplace Monter CoMother's Maiden Name Sarah Ward Mother's Birthplace Queen CoName of parson giving Information George H West How related to deceased Brother

CAUSES OF DEATH

77

Primary Acute indigestion & Pericarditis How long two weeks
ImmadiataAre the name, age, sex, color, date and place correctly given above? yes

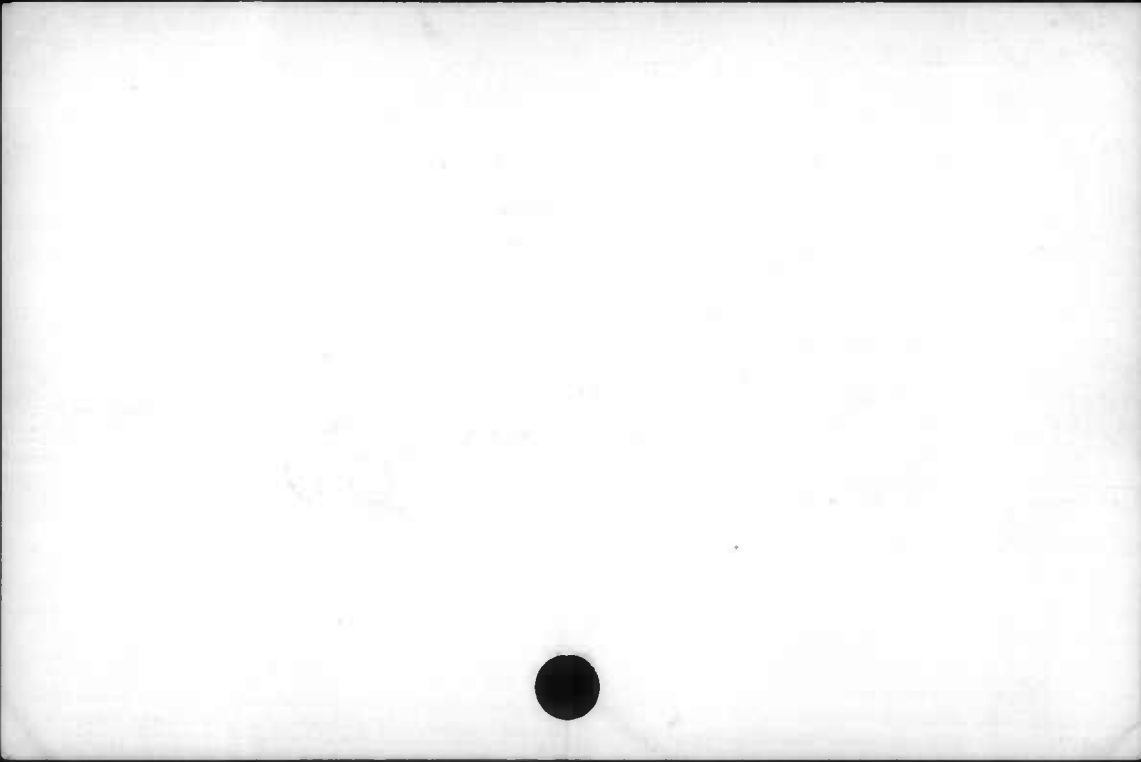
Signature of Physician

Address

J. W. Roberts
328 Church St.
Salisbury Md.

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

John W. West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

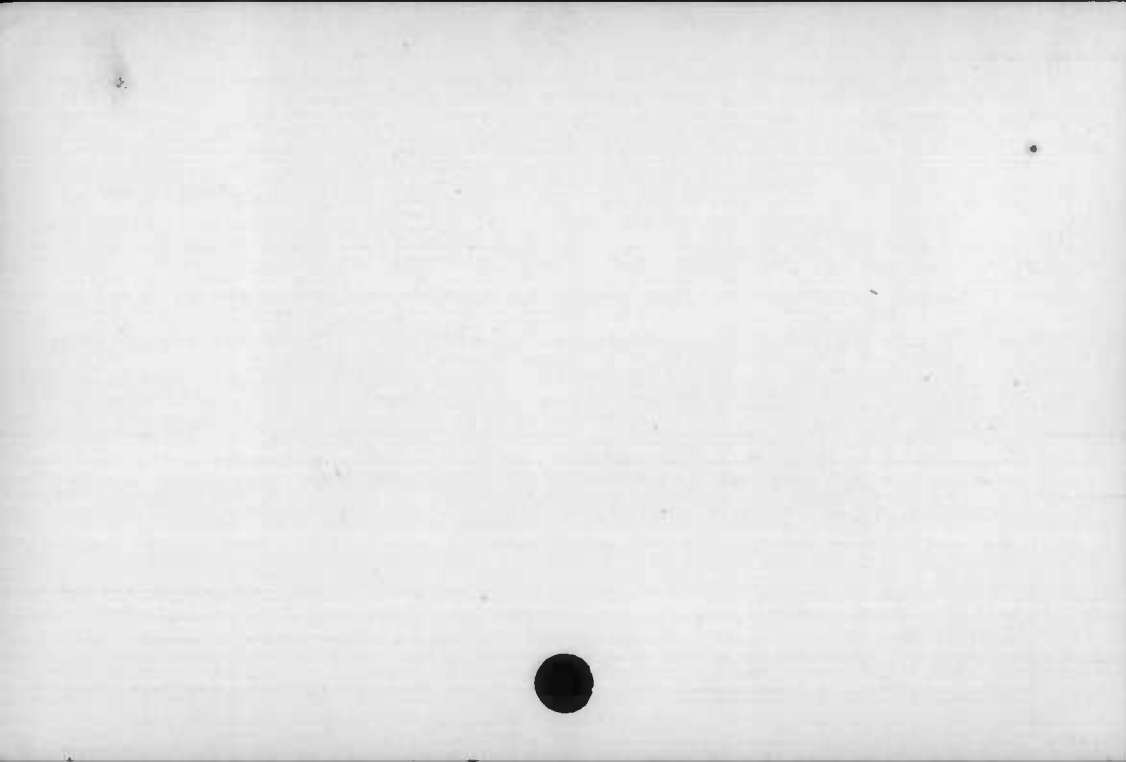
Died at <i>The P.G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>April</i>	Day <i>20th</i>	Age <i>46</i>	Years	Months <i>10</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Baltimore Md.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Keller Va.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>He had no wife</i>						
Father's Name <i>James H. West</i>	Father's Birthplace <i>Keller Va.</i>						
Mother's Maiden Name <i>Margaret A. Weaver</i>	Mother's Birthplace <i>Baltimore Md.</i>						
Name of person giving information <i>James H. West</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Appendicitis abscess</i>	How long <i>7 weeks</i>
Immediate <i>Gangrenous intestines</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>McMurry</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Marion E. Williams
 Died at *Fruitland* ^{Town} *Wicomico* ^{County} **MARYLAND**

Date of death *1960* ^{Month} *April* ^{Day} *18* Age ^{Years} *6* ^{Months} *0* ^{Days}

Sex *male* Color or Race *colored* Birthplace *Fruitland*

Occupation *Not any* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John H. Williams* Father's Birthplace *Maryland.*

Mother's Maiden Name *R. E. Brunnington* Mother's Birthplace *Maryland*

Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

Primary *Gastro Enteritis* How long *10 1/2* *about 3 weeks*

Immediate *Inanition* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

